

FILED
HARRISBURG, PA

AUG 01 2017

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

HARVENS BRUNACHE

Plaintiff,

[Insert full name of plaintiff/prisoner]

CIVIL RIGHTS COMPLAINT

42 U.S.C. § 1983

JURY DEMAND

YES ☒ NO ☐

-against-

~~State of P.A.D.O.C~~ Buera LOF PRISON (P.A)
State of P.A.D.O.C E t a...
P.A.D.O.C Medical PROVIDERS.
P.A.D.O.C Mental Health Dept.
P.A.D.O. Parole/Probation.
P.A.D.O.C State Facility Fayette/Frackville E t a...
Defendant(s).

[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate page with the full names of the additional defendants. The names listed above must be identical to those listed in Part I]

- I. Parties: (In item A below, place your name in the first blank and provide your present address and telephone number. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff HARVENS BRUNACHE

If you are incarcerated, provide the name of the facility and address:

NEW YORK City D.O.C Rikers Island
Borough Houses, Hazen Street
E t a...

Prisoner ID Number: 1411703656

If you are not incarcerated, provide your current address:

Telephone Number: _____

B. List all defendants. You must provide the full names of each defendant and the addresses at which each defendant may be served. The defendants listed here must match the defendants named in the caption on page 1.

Defendant No. 1

~~REDACTED~~ BUREAU OF PRISON (P.A.)
Full Name
DIRECTOR/manager/PRESIDENT OFFICE
Job Title
P.A.D.O. FEDERAL BUREAU OF PRISON
HARRISBURGH P.A.
Address

Defendant No. 2

State of P.A.D.O.C. Etc...
Full Name
Commissioner's, Chief, Director, President office
Job Title
State of P.A.D.O.C. Etc...
HARRISBURGH PA
Address

Defendant No. 3

P.A.D.O.C. Medical Provider
Full Name
Medical Provider Director, President thereof office
Job Title
P.A.D.O.C. Medical Provider
HARRISBURGH PA
2

HARRISBURG PA ~ ~ ~ ~
Address

Defendant No. 4

P.A.D.O.C mental Health Provider Dept.
Full Name

DIRECTOR, manager, President thereof office.
Job Title

State of PA mental Health Provider Office
HARRISBURG PA ~ ~ ~ ~
Address

Defendant No. 5

P.A.D.O.C Parole/Probation office
Full Name

Commissioner, Director, manager, President thereof office.
Job Title

State of P.A Parole/Probation Dept.
HARRISBURG PA ~ ~ ~ ~
Address

II. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 ½ by 11 sheets of paper as necessary.)

Where did the events giving rise to your claim(s) occur? IN The United States
OF America while INCARCERATED IN It's State
CORRECTIONAL FACILITY GOVERNED by It's Federal PRISON
POLICES AND OR PROCEDURES WHICH GOVERN them all.
When did the events happen? (include approximate time and date) While INCARCERATED IN the
P.A.D.O.C to AN 8-16 years SENTENCE, FROM 1998-2015, Today!
With Matter ADDRESSED IN this Civil ACTION, WITH INJURIES
TO my physical PERSON, WITHIN The 2 years Limitations
GIVEN to file such civil claims, UPON the Full and
Complete DISCOVERY of TRUTHS, AS ORDERED by COURT
I HARVEEN BRUNACHE BRING FORTH the said TRUE FACT OF:

Facts: (what happened?)

ON September 14TH 2015, I WENT STRAIGHT TO THE ~~NYC~~ BROOKLYN'S Kings County Hospital Emergency Room, Immediately UPON my Release FROM the P.A.D.O.C. AFTER maxing out an 8 to 16 years Sentence WHERE THROUGHOUT that time INCARCERATED THEREIN I SUSTAINED NUMEROUS DAMAGES TO my PHYSICAL PERSON PHYSICALLY, mentally, SPIRITUALLY, ~~HUMANITY~~, CIVILLY, CRIMINALLY!

WITH Life, Liberty IN DANGER THROUGHOUT, AND WITH THE THREAT OF RETALIATION HELD OVER my HEAD by Guilty Parties CONCERNED, I AWAITE D AT LAST POSSIBLE MOMENT to be FREE OF SUCH THREATS AND OR DANGER'S, as well as to be well WITHIN the COURTS MANDATED Limitations of time GIVEN to FILE this CIVIL COMPLAINT.

WITH the Emergency Room of the Kings County Hospital ON 9-14-15 I WAS DOING JUST THAT WHEN I WAS FINALLY ABLE TO BE FREE OF my ~~life~~ / Liberty CONCERNS WHILE INCARCERATED. **FINALLY!**

The DAMAGES that I SUSTAINED PHYSICALLY to my PERSON UPON (UNTIL) that VERY Date and time, till this VERY Day (and moment and time) ARE STILL ONGOING, UNDIAGNOSED, UNTREATED, and totally MADE AND KEPT UNKNOWN TO me PERPOSFULLY THEN AND NOW WITH DELIBERATE INTENT OF **HARM!**

II.A. Injuries. If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

PAIN AND Frost Bite Like Feeling WHICH Suddenly APPEARED IN The Lower Right Side of my Body area, was supposed TO BE ~~MRI~~ ED CAT SCAN, DIAGNOSED, TREATED AND MADE KNOWN TO me all, WHICH till this VERY Day AND OR Time all HAS NOT BEEN DONE at all! ~~IN~~ BURNED SKIN TREATMENT CAUSED BY Chemicals IN Lye Soap Products AND Cleaning Products PROVIDED by the Federal PRISON BUERAL Industries Programs, WHERE AND still ARE the cause of my DAMAGED SKIN BURN OUT BREAKS THEN as well as till this VERY Day AND Time WHILE INCARCERATED. False mentally DOCUMENTED PROFILE of me and its ~~life~~ 99% INCARCERATION THEREIN THERE OF Release to the

Showing my Personal PERSON and Profile Image of my true being, totally Damaged and Destroyed for Life in my Life while FREE and Therefore FOREVER Publicly.

III. Relief: State what relief you are seeking if you prevail on your complaint.

AFTER GIVEN MY JURY TRIAL, MY PRESENT INCARCERATION IS DUE TO ALL OF THE STRESS AND ~~OF~~ PERSONAL DAMAGE TO MY PERSON PHYSICALLY AS WELL AS MENTALLY, THEREFORE I WANT TO BE IMMEDIATELY RELEASED FROM INCARCERATION, AS WELL AS AWARDED THE COMPENSATORY DAMAGES FOR MY PHYSICALLY INJURIES \$10,000.000 AS WELL AS AWARDED THE PUNITIVE-P-DAMAGES FOR MY MENTAL INJURIES \$90,000.000 MY IMAGE AND PERSONAL IDENTITY FULLY RESTORED! AS WELL AS MY IMAGE AND PERSONAL MENTAL IDENTITY FULLY RESTORED \$90,000,000 \$

I declare under penalty of perjury that on 7-22-2017, I delivered this
(date)
complaint to prison authorities at ROBERT N. DAVOREN CENTER to be mailed to the United
(name of prison)
States District Court for the Eastern District of New York.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 7/13/2017

Harris Brunache
Signature of Plaintiff

ROBERT N. DAVOREN CENTER
Name of Prison Facility or Address if not incarcerated

11-11 Hazen Street
East Elmhurst NY 11370

Address

1411703636
Prisoner ID#

RNDG
FACILITY
HARRIS BRUNDEL
INMATE NAME

1477703656

BOOK & CASE

U.S.D.

RONALD REAGAN FED
288 Walnut Street
HARRISBURG PA 17101

RECEIVED
HARRISBURG, PA

AUG 01 2017

CC